

Testimony for Senate Bill SB448

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Honorable Members of the Kansas Senate:

I am writing to you today as an internal medicine doctor deeply committed to public health and the prevention of sexually transmitted infections (STIs). My name is Donna Sweet, and I have been an Internist in Wichita for over 40 years. Over the years, my clinical and research experiences have provided me with valuable insights into the challenges we face in controlling the spread of STIs, and I am compelled to advocate for a critical strategy known as Expedited Partner Therapy (EPT). Expedited Partner Therapy is an evidence-based practice that involves treating the sexual partners of individuals diagnosed with certain STIs without a medical examination. The primary goal of EPT is to interrupt the chain of transmission, reduce the rates of reinfection, and ultimately curb the prevalence of STIs in our communities. I would like to express my strong support for the implementation of EPT in the State and offer insights into its benefits based on medical evidence and practical experience.

1. The Rising Burden of STIs:

STIs pose a significant public health challenge, affecting millions of individuals each year. Despite ongoing efforts to promote safe sexual practices and increase awareness, the rates of STIs continue to rise. Expedited Partner Therapy represents a proactive and effective approach to addressing this growing public health concern.

2. EPT is Evidence-Based:

Numerous studies and clinical trials have demonstrated the efficacy of Expedited Partner Therapy in reducing the transmission and recurrence of STIs. Notably, a meta-analysis published in the [Journal] found that EPT significantly decreased the incidence of recurrent infections among partners, supporting its role as a valuable tool in STI prevention.

3. Barriers to Partner Treatment:

Traditional methods of partner notification and treatment have limitations. Many individuals diagnosed with an STI may hesitate or find it logistically challenging to notify their partners, leading to untreated infections and ongoing transmission. EPT overcomes these barriers by empowering healthcare providers to prescribe medications directly to the diagnosed individual for their partners.

4. Legal and Regulatory Framework:

Recognizing the importance of EPT, many states across the country have already adopted legislation allowing for its implementation. By doing so, these states have demonstrated

their commitment to evidence-based strategies that prioritize public health and reduce the burden of STIs. It is now time for the State to join this progressive movement and enhance its STI control measures.

5. Patient-Centered Care:

Expedited Partner Therapy not only contributes to public health goals but also aligns with the principles of patient-centered care. By enabling healthcare providers to offer a comprehensive solution to individuals diagnosed with an STI, we enhance patient satisfaction and engagement in their own healthcare.

6. Cost-Effective Intervention:

Preventing the spread of STIs through EPT is not only clinically effective but also cost-effective. The expenses associated with treating recurrent infections, managing complications, and the broader economic impact of untreated STIs underscore the importance of investing in preventive measures like EPT. In conclusion, I urge the members of the State Legislative Committee on Health to consider the overwhelming evidence in support of Expedited Partner Therapy. By implementing EPT, we can take a significant step towards reducing the burden of STIs, protecting public health, and promoting patient-centered care.

Thank you for your time and consideration. I am available to provide any additional information or address any questions you may have.

Sincerely, Donna E. Sweet, MD, AAHIVS